



ENGINEERING TECTONICS, P.A.  
ENGINEERS • GEOLOGISTS • HYDROLOGISTS

P.O. Box I, Winston-Salem, NC 27108 (910) 724-6994

RECEIVED  
N.C. Dept. of EHNE

MAR - 3 1994

Winston-Salem  
Regional Office

March 2, 1994

North Carolina Department of Environment, Health & Natural Resources  
Division of Environmental Management  
Winston-Salem Regional Office  
Groundwater Section  
8025 North Point Blvd.  
Winston-Salem, North Carolina 27106

Subject: Notice of Intent: UST Permanent Closure or Change-In-Service  
Baptist Hospital  
Winston-Salem, North Carolina

Attention: Cindy Rintoul

Ms. Rintoul:

Enclosed is a Notice of Intent: UST Permanent Closure or Change in Service (GW/UST-3) form for the Baptist Hospital in Winston-Salem, North Carolina. Two (2) 1000 gallon diesel underground storage tanks are scheduled to be removed from the MRI unit and the Ambulatory Care unit of the hospital at the end of next month.

If you have any questions, please contact us at (910)724-6994 or (800) 394-8807.

Sincerely,

ENGINEERING TECTONICS, P.A.

Dan Bowser  
Staff Geologist

Enc.

(GW/UST-3)

## Notice of Intent: UST Permanent Closure or Change-In-Service

FOR  
TANKS  
IN  
NC

## Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number \_\_\_\_\_

Date Received \_\_\_\_\_

## INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

## I. OWNERSHIP OF TANK(S)

Tank Owner Name: Baptist Hospital

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: Medical Center Blvd.County: ForsythCity: Winston-Salem State: NC Zip Code: 27157Tele. No. (Area Code): (910) 716-2011

## II. LOCATION OF TANK(S)

Facility Name or Company Baptist Hospital

Facility ID # (if available) \_\_\_\_\_

MRI UnitStreet Address or State Road: Medical Center Blvd.County: Forsyth City: Winston-Salem Zip Code: 27157Tele. No. (Area Code): (910) 716-2011

## III. CONTACT PERSON

Name: John Klimkowski Job Title: Engineer Telephone Number: (910) 716-2011

## IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

## V. WORK TO BE PERFORMED BY:

(Contractor) Name: Dunn, Foster, & SpainhourAddress: 2809 Hall Lane, Winston-Salem State: NC Zip Code: 27102Contact: Walt Foster Phone: (910) 768-8586

## VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
	(550)				
<u>6</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<u>40240</u>	<u>1000 gal</u>	<u>Diesel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

## VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Dan Bowser Staff Geologist\*Scheduled Removal Date: 3/28/94Signature: Dan BowserDate Submitted: 3/1/94

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.